Received

DEC 09 2022

City of Saint Paul - DSI

CITY OF SAINT PAUL
Department of Safety and Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101
Phone: 651-266-8989
Web: www.stpaul.gov/dsi

Class "N" License Application

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application
This application is subject to review by the public.

Types of License(s) being applied for: **Fee(s):**

a. Automotive Repair Garage — 469
b. —
c. —
d. —
e. —
f. —
g. —

Total: $ 469.00

Business Information

Business Address: 1669-71 University (Street) St. Paul (City) MN (State) 55104 (Zip)
Company Name: The Lift Garage **Doing Business As:** The Lift
Company Type: ✓ Nonprofit Corporation ____ Partnership ____ Sole Proprietorship ____
Date of Incorporation: 12 / 30 / 2012 **Anticipated Opening:** 12 / 1 / 22
Mailing Address: (Street) (City) (State) (Zip)
Business Phone: 612 540 2541 **Fax Number:**

Applicant Information

Applicant Name: CATHY (First) (Middle) HEYING (Last)
Title: Executive Director **Date of Birth:** / /
Drivers License: (State) (License #)
Home Address: (Street) (City) (State)
Cell Phone: **Alternate Phone:**

(Continued on back)

Supplemental Required Information

Are you going to operate this business personally? Yes: ✓ No: ____

If no, who will operate it?

Operator Name: ____ (First / Middle / Last)

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____/____/____ Phone #: ____

Are you going to have a manager or assistant in this business? Yes: ✓ No: ____

If manager is not the same as the operator, please complete the following information:

Manager Name: JoHanna (First) ____ (Middle) SMRCINA (Last)

Home Address: ____ (Street) ____ (City) ____ (State) ____ (Zip)

Date of Birth: ____/____/____ Phone: ____

Please list all other officers of the corporation (Attach another sheet if applicable.) NA

Officer Name: ____ (First / Middle / Last)

Title: ____ Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____/____/____ Phone: ____

Officer Name: ____ (First / Middle / Last)

Title: ____ Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____/____/____ Phone: ____

Officer Name: ____ (First / Middle / Last)

Title: ____ Email: ____

Home Address: ____ (Street / City / State / Zip)

Date of Birth: ____/____/____ Phone: ____

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION.

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief.

Applicant Sig ____ Executive Director (Title) 12/5/22 (Date)